



DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
KENTUCKY CERTIFIED BUILDING INSPECTOR PROGRAM
CONTINUING EDUCATION VERIFICATION FORM

Must be completed by certified inspector requesting credit for continuing education purposes. PLEASE TYPE OR PRINT WHERE APPLICABLE.

A. Office Designated: _____ B. ICC Training: _____ C. Other Approved Training:* _____
*Must be approved in advance by DHBC

Inspector Name: _____ Social Security No: _____

Training Sponsor: _____

Training Title: _____

Training Date(s): _____ Hours or Equivalent (CEU's): _____

CHECK ONE: _____ Sponsor Representative _____ Instructor

Shall be signed at time of training by either the sponsor's authorized representative or the instructor. A copy of the issued training certificate, when submitted with this form, will be accepted in lieu of the required signature.

NAME: _____ Date: _____

SIGNATURE: _____

Return completed form and any attachments with your annual renewal application. Forms submitted prior to renewal may be returned.

FOR DHBC USE ONLY